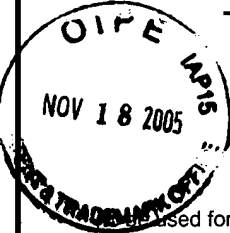
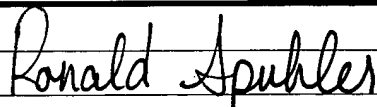
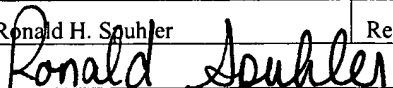


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 TRANSMITTAL FORM <small>Use this form for all correspondence after initial filing)</small>		Application Number		09/808,723									
		Filing Date		March 14, 2001									
		First Named Inventor		Bennett et al.									
		Art Unit		3627									
		Examiner Name		Rudy, Andrew J.									
Total Number of Pages in This Submission		13		Attorney Docket Number		OOB013							
ENCLOSURES (check all that apply)													
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Request For Continued Examination Under 37 C.F.R. § 1.114, Response To Office Action And Request For Interview <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53			<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD			<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):							
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Signature													
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Date								November 15, 2005					
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Effective on 12/08/2004. Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818) FEE TRANSMITTAL for FY 2005		Complete if Known					
Application Number		09/808,723					
Filing Date		March 14, 2001					
First Named Inventor		Bennett et al.					
Examiner Name		Rudy, Andrew J.					
Art Unit		3627					
Attorney Docket No.		OOB013					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.15.							
TOTAL AMOUNT OF PAYMENT		(\$) 455.00					
METHOD OF PAYMENT (check all that apply)							
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input type="checkbox"/> Deposit Account Deposit Account Number: _____ Deposit Account Name: _____							
For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
<input type="checkbox"/> Charge Fee(s) indicated below		<input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee					
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Credit any overpayments					
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
							Small Entity
							Fee(\$) Fee(\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent							50 25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200 100
Multiple dependent claims							360 180
Total Claims		Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims		
-20 or HP		x			Fee		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee(\$)	Fee Paid (\$)			
-3 or HP		x					
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)			
-100	/50	(round up to a whole number)	x				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other: Request For Continued Examination Under 37 CFR 1.114							395.00
Request for One Month Extension of Time							60.00
SUBMITTED BY							
Signature	Ronald Spuhler			Registration No. (Attorney/Agent)	52,245	Telephone	(312)775-8000
Name (print/type)	Ronald H. Spuhler			Date	11/15/2005		



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Serial No.: 09/808,723 Conf. No. 5519
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Dated November 15, 2005

Respectfully: McANDREWS, HELD & MALLOY, LTD.
Attorneys for Applicant

RHS-DLW

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